

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		280315.65
(b) Cash on Hand at Beginning of Reporting Period.....	307694.95	
(c) Total Receipts (from Line 19)	16695.15	363706.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	324390.10	644021.95
7. Total Disbursements (from Line 31).....	106000.00	425631.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	218390.10	218390.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Surgeons Professional Association PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12959.81	301662.67
(ii) Unitemized	2235.34	56043.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15195.15	357706.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15195.15	357706.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1500.00	6000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	16695.15	363706.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16695.15	363706.30

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	5881.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	5881.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	106000.00	419000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	750.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	106000.00	425631.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	106000.00	425631.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15195.15	357706.30
34. Total Contribution Refunds (from Line 28(d))	0.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15195.15	356956.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	5881.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	5881.85

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Adams, Raeanna, Clair, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 21st Ave S
 404 MAB
 City Nashville State TN Zip Code 37212-2717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt University Medical Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2018
Transaction ID : 6C6D1098-9910-4747-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Alseidi, Adnan, Ali, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1100 9th Ave
 Virginia Mason Medical Center
 City Seattle State WA Zip Code 98101-2756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Virginia Mason Medical Center Occupation (for Individual) HPB & Endocrine surgeron
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 19 / 2018
Transaction ID : 469F8454D8BFBF1DDB23
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Anderson, Christopher, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 N State St
 Department of Surgery, # L108
 City Jackson State MS Zip Code 39216-4500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 11 / 2018
Transaction ID : B657B723455E0D0963A
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	483.33
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Bailey, Patrick, Vance, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW
 American College of Surgeons, Ste
 City Washington State DC Zip Code 20001-6701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American College of Surgeons Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 02 / 2018
Transaction ID : 4296BF9F524242AD8151
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Bastidas, Jefferson, Augusto, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14981 National Ave
 Ste 4
 City Los Gatos State CA Zip Code 95032-2600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 08 / 2018
Transaction ID : 4A19866B99913E1BE795
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Beauchamp, Robert, Daniel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Section of Surgical Sciences
 Vanderbilt University Medical Cent
 City Nashville State TN Zip Code 37232-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt University Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 12 / 2018
Transaction ID : 47C28DD24423074660F5
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.33
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Bianchi, David, Alan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2415 Musgrove Rd
 Ste 203
 City Silver Spring State MD Zip Code 20904-5228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Drs. Hauck, Bianchi and Driscoll PA Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 4AD29C0F8BB82586B166
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Bielgig, Samuel, Corwin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7910 S Braden Ave
 City Tulsa State OK Zip Code 74136-8461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Agnes Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 06 / 2018
Transaction ID : 43DDBCC7F188657DCD79
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Biffi, Walter, Lanier, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11387 Mustang Ridge Dr
 City San Diego State CA Zip Code 92130-6968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Surgical Associates Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 25 / 2018
Transaction ID : 4FD49EA15962EC6756A6
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 100.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Borst, Marilyn, Jane, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2545 Broadway St
 City Toledo State OH Zip Code 43609-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.92

Date of Receipt 09 / 03 / 2018
Transaction ID : 4AFB8B96BE7DE7F6FC08
 Amount of Each Receipt this Period 37.88
 Memo Item

B. Brewer, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2509 N Talbott St
 City Indianapolis State IN Zip Code 46205-4234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana University School of Medicine Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 24 / 2018
Transaction ID : 48BDB67B9F3F25AE41E4
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Brown, Carlos, V. R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 Red River St
 Dell Seton Medical Center at the U
 City Austin State TX Zip Code 78701-1918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Southwestern - Aus Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 15 / 2018
Transaction ID : 48F9BB04A85B7BD54A16
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	171.21
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Castro, Candice, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Granburg Cir
 City San Antonio State TX Zip Code 78218-3012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Army Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : 360248C459439EBCC16
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. Cha, Walter, Sun, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6770 Mayfield Rd
 Cleveland Clinic General Surgery,
 City Mayfield Hts State OH Zip Code 44124-2299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2018
Transaction ID : 121E6FDD-8561-4A16-
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Cioffi, William, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 593 Eddy St
 Chairmans Office, Apc 431
 City Providence State RI Zip Code 02903-4923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rhode Island Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2018
Transaction ID : 4EF3BF0898B6FD258581
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Cochran, Amalia, Lenora, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address University of Utah
 Department of Surgery
 City Salt Lake City State UT Zip Code 84132-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt 09 / 19 / 2018
Transaction ID : 4BAA8F760D13768C186F
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Cribari, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 Rocky Mountain Ave
 North Medical Office Building, Sui
 City Loveland State CO Zip Code 80538-9004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Surgical Specialists of the Rockies Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 22 / 2018
Transaction ID : 4D308F31A317F45D1295
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Croce, Martin, Alexander, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Univ of Tennessee Dept of Surg Sui
 City Memphis State TN Zip Code 38163-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTHSC Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 20 / 2018
Transaction ID : 40929E8728B6E7837BBD
 Amount of Each Receipt this Period 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 463.33
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Davis, Rodney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 W Markham St
 University of Arkansas for Medical
 City Little Rock State AR Zip Code 72205-7101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Univ Med Ctr Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 11 / 2018
Transaction ID : 4346A56ED6392E907202
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Davis, William, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 258 Adams Rd
 City Chula State GA Zip Code 31733-4322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Good Circulation, LLC Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 01 / 2018
Transaction ID : 41BFB2282E6B281AEFC8
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Dent, Daniel, Lawrence, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7703 Floyd Curl Dr
 Div Trauma Surgery MSC 7740
 City San Antonio State TX Zip Code 78229-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of TX Health Science Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 20 / 2018
Transaction ID : 47FE9478CFC969C2C7EF
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	158.33
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Detlefs, Corey, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1441 N 12th St
 Dept of
 City Phoenix State AZ Zip Code 85006-2837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Banner University Medical Center, Phoe Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 20 / 2018
Transaction ID : 4F558A29574DD870BDCE
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Doherty, Gerard, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 Francis St
 Brigham and Women's Hospital
 City Boston State MA Zip Code 02115-6110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 04 / 2018
Transaction ID : 4AB888E2C818D96ADFE8
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Duchesne, Juan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1430 Tulane Ave
 Ste 8527
 City New Orleans State LA Zip Code 70112-2632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Oaks Medical Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 299.97

Date of Receipt 09 / 28 / 2018
Transaction ID : 41D09E9B176008B66C24
 Amount of Each Receipt this Period 33.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	143.33
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Dunn, Margaret, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 University Blvd
 Wright State Boonshoft School of M
 City Beavercreek State OH Zip Code 45324-2640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Wright State Physicians Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 09 / 15 / 2018
Transaction ID : 4AFBA3BEC41E666CD086
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. Edwards, Norma, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 Blowing Rock Ln
 City Knoxville State TN Zip Code 37922-3236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Memphis Surgery Associates Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt
 09 / 28 / 2018
Transaction ID : 41869E297FFC861DB38B
 Amount of Each Receipt this Period
 83.33
 Memo Item

C. Enderson, Blaine, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4251 Fox Hills Dr
 City Louisville State TN Zip Code 37777-5106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 University General Surgeons Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 03 / 2018
Transaction ID : 4A56A05E83183C45463E
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	333.33
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Fairfax, Lindsay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Virginia Ave
 City Asheville State NC Zip Code 28806-3217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Auckland City Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 09 / 17 / 2018
Transaction ID : 4C6C84BA89F7AFA989E1
 Amount of Each Receipt this Period 42.00
 Memo Item

B. Fann, Stephen, Austin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Musc Dept of Surg 420 CSB:MSC 613
 City Charleston State SC Zip Code 29425-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of South Carolina School of Med Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 22 / 2018
Transaction ID : 4C5DA7C089D8A61B0413
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Ferrada, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 980454 Vcu Health System
 City Richmond State VA Zip Code 23298-0454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VCU Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 11 / 2018
Transaction ID : 4BF1A1BC45868E946BD3
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	142.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Fildes, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address University of Nevada Las Vegas Sch
 Department of Surgery Suite 490
 City Las Vegas State NV Zip Code 89102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Nevada School of Medicin Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 18 / 2018
Transaction ID : 426C8FB3F97E5D166121
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Fox, Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12001 Lueders Ln
 City Dallas State TX Zip Code 75230-2374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 11 / 2018
Transaction ID : 7CE64E2751633BFD00F
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Fulda, Gerard, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4745 Ogletown Stanton Rd
 MAP 1, Suite 128
 City Newark State DE Zip Code 19713-2067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Christiana Care Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 19 / 2018
Transaction ID : E5EE7C02-FEAF-45B3-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Gavitt, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6160 Woodlark Dr
 City Cincinnati State OH Zip Code 45230-2718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Davis Medical Center Occupation (for Individual) Surgical Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 4A10ADDD02DFC345413C
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Glasberg, Scot, Bradley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42A E 74th St
 City New York State NY Zip Code 10021-2735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scot Bradley Glasberg, M.D. Occupation (for Individual) Plastic Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 20 / 2018
Transaction ID : 4E3FAE9AA509A0451576
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Goldberg, Ross, Frederick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2601 E Roosevelt St
 Maricopa Integrated Health System
 City Phoenix State AZ Zip Code 85008-4973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maricopa Medical Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 09 / 07 / 2018
Transaction ID : 42CABB20EAE71678A1E
 Amount of Each Receipt this Period 416.66
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 524.99
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Graham, Alan, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 Riverview Cir
 City New Hope State PA Zip Code 18938-2235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Crozer-Keystone Healthcare Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 19 / 2018
Transaction ID : 451E84A614252545EB25
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Gross, Ronald, Ian, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Newberry Rd
 City East Haddam State CT Zip Code 06423-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baystate Medical Center Occupation (for Individual) Surgeon-Chief of Trauma & Acute Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 22 / 2018
Transaction ID : 4963A24FD6550BEC5444
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Gugliuzza, K., Kristene Koontz, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 University Blvd
 Utmb Route 0534
 City Galveston State TX Zip Code 77555-5302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTMB Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 25 / 2018
Transaction ID : 4C1E8ACA1B4B56EB1364
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Hilfiker, Mary, Lenora, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3030 Childrens Way
 Ste 107
 City San Diego State CA Zip Code 92123-4226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UCSD Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1820.00

Date of Receipt 09 / 15 / 2018
Transaction ID : 4768A5F1EF9707271CF1
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Johannigman, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2708 Johnstone Pl
 City Cincinnati State OH Zip Code 45206-1822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Surgeons Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 15 / 2018
Transaction ID : 4A679E33BC15D1367EA4
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Kempenich, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address University of Texas Health Science
 Department of Surgery
 City San Antonio State TX Zip Code 78229-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Texas Health Science Cent Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 25 / 2018
Transaction ID : 4AEEB8AF41D7329334C9
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Klaristenfeld, Daniel, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5893 Copley Dr
 Garfield Specialty Clinic-Departme
 City San Diego State CA Zip Code 92111-7906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Fontana Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 20 / 2018
Transaction ID : 4573AAF0B6723E7F9C7E
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Kohman, Leslie, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 750 E Adams St
 Upstate Cancer Center
 City Syracuse State NY Zip Code 13210-2306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNY Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 09 / 28 / 2018
Transaction ID : 4C9981E92B4BDAE42F00
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Letton, Robert, Warren, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 Everett Dr
 Pediatric Surgery, Ste 2320
 City Oklahoma City State OK Zip Code 73104-5047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OUHSC Children's Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 19 / 2018
Transaction ID : 44F0B4F0FFF3075CCBAD
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Litvak, David, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2600 6th St SW
 Aultman Hospital
 City Canton State OH Zip Code 44710-1702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cancer Treatment Centers of America Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 23 / 2018
Transaction ID : 4BE9824F46E3BDD8D62C
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Maa, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Bon Air Rd
 Ste 101
 City Larkspur State CA Zip Code 94939-1134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marin General Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 30 / 2018
Transaction ID : 43B391D4BAE2317578DE
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Maish, George, Orville, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 Madison Ave
 Ste 215
 City Memphis State TN Zip Code 38103-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UTHSC Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 28 / 2018
Transaction ID : 48B1BBE7C76180D6F5AE
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	383.33
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. McKenna, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2845 Greenbrier Rd
 Ste 230
 City Green Bay State WI Zip Code 54311-6519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Aurora BayCare Medical Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt
 09 / 24 / 2018
Transaction ID : 43FF81D7B67F7DC0C7AF
 Amount of Each Receipt this Period
 83.33
 Memo Item

B. McNally, Megan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6551 High Dr
 City Mission Hills State KS Zip Code 66208-1937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Saint Luke's Physician Group Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 09 / 16 / 2018
Transaction ID : CB4D5014-B219-4C80-
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. McQuiston, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17375 Hall Rd
 City Macomb State MI Zip Code 48044-4060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Northeast Surgical Group Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 09 / 28 / 2018
Transaction ID : 450DB988177C3FD9F909
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	383.33
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Minard, Gayle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 910 Madison Ave
 FI 2
 City Memphis State TN Zip Code 38103-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of TN Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 28 / 2018
Transaction ID : 4C2B99461A17D4D73666
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Moalem, Jacob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Westland Ave
 City Rochester State NY Zip Code 14618-1018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Rochester Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1024.99

Date of Receipt 09 / 20 / 2018
Transaction ID : 4F87AA5B40C54F69C744
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Monaghan, Sean, Farrell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 593 Eddy St
 Department of Surgery, Middle Hous
 City Providence State RI Zip Code 02903-4923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Surgical Associates Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 25 / 2018
Transaction ID : 4D9097D1ED0932DF67FE
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	258.33
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Moriarty, Kevin, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 Forest Hill Rd
 City Hampden State MA Zip Code 01036-9710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baystate health Occupation (for Individual) Pediatric Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 12 / 2018
Transaction ID : A2080DE0-1D93-4ACE-
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Moulton, Steven, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13123 E 16th Ave Pediatric Surgery, B-323
 City Aurora State CO Zip Code 80045-7106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Colorado Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2018
Transaction ID : F1A81CD9-4078-4C3B-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Napolitano, Lena, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 E Medical Center Dr 1C340-UH, Spc 5033
 City Ann Arbor State MI Zip Code 48109-5033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Michigan Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 09 / 19 / 2018
Transaction ID : 44A79BA52BD1B7D4CCC1
 Amount of Each Receipt this Period 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	425.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Neumayer, Leigh, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 N Campbell Ave
 P. O. Box 245018, Rm 4174E
 City Tucson State AZ Zip Code 85724-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Utah University Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3156.62

Date of Receipt 09 / 27 / 2018
Transaction ID : 4127B92D217AA58B70E0
 Amount of Each Receipt this Period 416.66
 Memo Item

B. Nottingham, James, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address USC Department of Surgery
 2 Richland Medical Park, Suite 306
 City Columbia State SC Zip Code 29203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) USC Department of Surgery Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 15 / 2018
Transaction ID : 8009FA55-1F45-49E5-
 Amount of Each Receipt this Period 750.00
 Memo Item

C. Numann, Patricia, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 Highland Ave
 City Syracuse State NY Zip Code 13203-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University Hospital Health Science Cen Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 43AB973A509EFD0A6A82
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1216.66
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. O'Neill, Patricia, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Montague Ter
 Apt 4A
 City Brooklyn State NY Zip Code 11201-4105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SUNY Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 26 / 2018
Transaction ID : 4B718ECAD2C02AEA347E
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Opelka, Frank, George, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 F St NW
 American College of Surgeons, Ste
 City Washington State DC Zip Code 20001-6701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American College of Surgeons Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 27 / 2018
Transaction ID : 4529BB62608FEDD11FA5
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Paramo, Juan, Carlos, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4300 Alton Rd
 Mt Sinai Medical Center
 City Miami Beach State FL Zip Code 33140-2948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 17 / 2018
Transaction ID : B2BA22AA-686A-4A28-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Pohl, Dieter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1539 Atwood Ave
 Ste 201
 City Johnston State RI Zip Code 02919-3262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chartercare Medical Associates Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 20 / 2018
Transaction ID : 46119AE24791534E32F2
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Poje, Christopher, Peter, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3580 Sheridan Dr
 Ste 115
 City Buffalo State NY Zip Code 14226-1647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Hospital of Buffalo Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 18 / 2018
Transaction ID : 4C6A8FE6B2C5E71FEA99
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Rivera-Hernandez, Mariluz, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Riverside Blvd
 City San Juan State PR Zip Code 00926-8642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 04 / 2018
Transaction ID : 4230A238D934551EF9F0
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Robertson, Ronald, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4301 W Markham St
 SLOT 520
 City Little Rock State AR Zip Code 72205-7101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 25 / 2018
Transaction ID : 41A89BB86B1FAA5DB345
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Rojas Carroll, Lyda, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 672 Stoneleigh Ave
 FI 2
 City Carmel State NY Zip Code 10512-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount kisco medical group Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 25 / 2018
Transaction ID : 4793B7D89E2CF997C0C2
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Sakran, Joseph, Victor, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 S Eaton St
 City Baltimore State MD Zip Code 21224-4360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 09 / 01 / 2018
Transaction ID : 4206817EDC7FB56977F9
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.66
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Salomone, Jeffrey, Paul, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 372 W Secretariat Dr
 City Tempe State AZ Zip Code 85284-1364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory Univ Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 03 / 2018
Transaction ID : 4DDCB6BFAB878EF6F9AI
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Selzer, Don, Jay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 Barnhill Dr Emerson Hall 509
 City Indianapolis State IN Zip Code 46202-5112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Indiana University Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1265.00

Date of Receipt 09 / 20 / 2018
Transaction ID : 44D39D1B3D0F13359520
 Amount of Each Receipt this Period 85.00
 Memo Item

C. Shearburn, Edwin, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 915 Lawn Ave Sellersville Outpatient Center, St
 City Sellersville State PA Zip Code 18960-1551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Grand View Surgical Associates Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 27 / 2018
Transaction ID : 462A9F560345FDF8486E
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Simon, Kenneth, Bernard, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2255 Switzer Rd
 Apt J203
 City Gulfport State MS Zip Code 39507-3855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gulf Coast Veterans Healthcare System Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 4B639CE375D8D21322FD
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Sinanan, Mika, Narad, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1959 NE Pacific St
 # 356410
 City Seattle State WA Zip Code 98195-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Washington Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4025.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 42FEBA38151C0A7F6495
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Smith, Brian, Randall, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5901 E 7th St
 # 12112
 City Long Beach State CA Zip Code 90822-5201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VA Long Beach Healthcare System Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2018
Transaction ID : A5E5C419-7FD2-4F80-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Stewart, Ronald, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7703 Floyd Curl Dr
 UT Health Science Center at San An

City San Antonio State TX Zip Code 78229-3901

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UTHSCSA Occupation (for Individual) Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1890.00

Date of Receipt 09 / 02 / 2018
Transaction ID : 41F982D350D28897075A

Amount of Each Receipt this Period 210.00

Memo Item

B. Sutherland, Michael, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 181 Taylor Ave
 OSU East Department of Surgery

City Columbus State OH Zip Code 43203-1779

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) US Air Force Occupation (for Individual) Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 09 / 20 / 2018
Transaction ID : 4E6CBA9342AA42A3E0F2

Amount of Each Receipt this Period 416.66

Memo Item

C. Szlabick, Randolph, Eugene, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1301 N Columbia Rd
 UNDSMHS Dept of Surg Rm 271, Stop

City Grand Forks State ND Zip Code 58202-9037

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Univ of North Dakota Occupation (for Individual) Surgeon

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 10 / 2018
Transaction ID : 4F9E83FB13C1F54018F2

Amount of Each Receipt this Period 25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	651.66
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Tan, Amy, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 Water St
 City Blue Hill State ME Zip Code 04614-5231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Hill Memorial Hospital Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 4CBCAF7C116405348C7D
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Thompson, Mark, Alan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 621 Memorial Dr Ste 302
 City South Bend State IN Zip Code 46601-1073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GVS Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 22 / 2018
Transaction ID : 45A4B7F6E1AC6D7B4102
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Thurston, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Tuscany Way
 City Greer State SC Zip Code 29650-4068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 15 / 2018
Transaction ID : 4D398E0FE6AEB7E946E2
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	183.33
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Tracci, Margaret, Shizue, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 800679
 City Charlottesville State VA Zip Code 22908-0679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of VA Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 07 / 2018
Transaction ID : 4917836147136E35D478
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Varghese, Thomas, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address University of Utah Division of Cardiothoracic Surgery
 City Salt Lake City State UT Zip Code 84132-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Utah Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 10C46AA4-C7C9-41FE-
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Vates, George, Edward, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Department of Neurosurgery
 City Rochester State NY Zip Code 14642-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Rochester Medical Center Occupation (for Individual) Neurosurgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 19 / 2018
Transaction ID : 4AA5B8B0F48C5A63ABC3
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	208.33
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Waldor, Philip, Arthur, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Berkshire Ave
 City Linwood State NJ Zip Code 08221-2311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aetna Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 21 / 2018
Transaction ID : 103515A4430A332FC9A
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Walsh, Danielle, Saunders, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address ECU Department of Surgery
 600 Moye Blvd, Teaching Annex 207
 City Greenville State NC Zip Code 27834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ECU Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2018
Transaction ID : B87B8395-0279-4604-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ward, William, Harrell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 811 E Willow Grove Ave
 City Wyndmoor State PA Zip Code 19038-7907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Navy Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 20 / 2018
Transaction ID : 4C5892C7BE365D1459DE
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 52
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Winfield, Robert, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2031 Brookwood Rd
 City Mission Hills State KS Zip Code 66208-1224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington University in St. Louis Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2018
Transaction ID : 446E9100ACA670DA429D
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Yowler, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2500 Metrohealth Dr Department of Surgery
 City Cleveland State OH Zip Code 44109-1900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Metro Health Medical Center Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 18 / 2018
Transaction ID : 4DF28375A8D3C2A3B359
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Zehnpfennig, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2835 Fort Missoula Rd Dr J General Surgery, Ste 306
 City Missoula State MT Zip Code 59804-7424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. James Surgical Associates Occupation (for Individual) General Surgeon
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 02 / 2018
Transaction ID : 48CEB7B8373192C346E0
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 155.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 36 OF 52
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zinner, Michael, J., ,

Mailing Address 8900 N Kendall Dr
Miami Cancer Institute

City Miami	State FL	Zip Code 33176-2118
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Brigham and Woman	Occupation (for Individual) Surgeon
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		19		2018

Transaction ID : D1B91AC3021E5AF1BB3

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	12959.81

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Friends Of Sherrrod Brown
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 15293
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C** C00264697
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2018
Transaction ID : AEFDAF31D5B899D1D2C
 Amount of Each Receipt this Period
 1500.00
 Memo Item
 Partial Refund of 11/6/13 Disbursement

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. American Innovation Political Action Committee (AMI PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2018

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

FEC Identification Number

C	C00561779
Transaction ID : 78C23DB12D	
Amount of Each Disbursement this Period	
2500.00	

Purpose of Disbursement
2018 Contribution

011
Category/ Type

Candidate Name
American Innovation Political Action Committee (AMI PAC)

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Bill Flores For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2018

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

FEC Identification Number

C	C00472241
Transaction ID : 617A561F97E	
Amount of Each Disbursement this Period	
1500.00	

Purpose of Disbursement
2018 General Contribution

011
Category/ Type

Candidate Name
Flores, William, H., ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

C. Billy Long For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2018

Mailing Address 3246 E Ridgeview St

City Springfield State MO Zip Code 65804-4076

FEC Identification Number

C	C00460063
Transaction ID : 6D889E43C6	
Amount of Each Disbursement this Period	
4000.00	

Purpose of Disbursement
2018 General Contribution

011
Category/ Type

Candidate Name
Long, William, H., , II

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) A. Blue Dog Political Action Committee		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address PO Box 83142		FEC Identification Number C C00305318 Transaction ID : 29D21426E70 Amount of Each Disbursement this Period 5000.00
City Gaithersburg	State MD	Zip Code 20883
Purpose of Disbursement 2018 Contribution		011 Category/ Type
Candidate Name Blue Dog Political Action Committee		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Contribution	
State: District:		

Full Name (Last, First, Middle Initial) B. Brady For Congress		Date of Disbursement MM / DD / YYYY 09 / 11 / 2018
Mailing Address PO Box 8277		FEC Identification Number C C00311043 Transaction ID : 7280C21026D Amount of Each Disbursement this Period 2000.00
City The Woodlands	State TX	Zip Code 77387-8277
Purpose of Disbursement 2018 General Contribution		011 Category/ Type
Candidate Name Brady, Kevin, Patrick, ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 08		

Full Name (Last, First, Middle Initial) C. Butterfield For Congress		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address 434 Fayetteville Street Suite 2020		FEC Identification Number C C00401190 Transaction ID : 793AF1F0F2 Amount of Each Disbursement this Period 1500.00
City Raleigh	State NC	Zip Code 27601
Purpose of Disbursement 2018 General Contribution		011 Category/ Type
Candidate Name Butterfield, George, Kenneth, , Jr.		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
State: NC District: 01		

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Doing Right - Results Action Unity Leadership PAC Dr Raul PAC

Mailing Address PO Box 3433

City
Palm Desert

State
CA

Zip Code
92261

Purpose of Disbursement
2018 Contribution

011

Category/
Type

Candidate Name

Doing Right - Results Action Unity Leadership PAC Dr Raul PAC

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00569871

Transaction ID : E670446DA51

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Drew Ferguson For Congress Inc.

Mailing Address PO Box 71067

City
Newnan

State
GA

Zip Code
30271-1067

Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Ferguson, A. Drew, , , IV

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: GA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2018

FEC Identification Number

C C00607838

Transaction ID : AF4C62434A1

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Chris Murphy

Mailing Address PO Box 127

City
Cheshire

State
CT

Zip Code
06410

Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Murphy, Christopher, Scott, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CT District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00492645

Transaction ID : D0375E79DC

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Erik Paulsen		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address P.O. Box 44369 250 Prairie Center Drive		FEC Identification Number C00439661 Transaction ID : 499D665B607
City Eden Prairie	State MN	Zip Code 55344
Purpose of Disbursement 2018 General Contribution		011 Category/ Type
Candidate Name Paulsen, Erik, , ,		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN	District: 03	

Full Name (Last, First, Middle Initial) B. Friends Of John Barrasso		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address PO Box 52008		FEC Identification Number C00436386 Transaction ID : FE989312E86
City Casper	State WY	Zip Code 82605
Purpose of Disbursement 2018 General Contribution		011 Category/ Type
Candidate Name Barrasso, John, Anthony, ,		Amount of Each Disbursement this Period 1500.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: WY	District:	

Full Name (Last, First, Middle Initial) C. Friends Of Neal Dunn		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address PO Box 16088		FEC Identification Number C00582304 Transaction ID : 32A45EA810
City Panama City	State FL	Zip Code 32406
Purpose of Disbursement 2018 General Contribution		011 Category/ Type
Candidate Name Dunn, Neal, Patrick, ,		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District: 02	

SUBTOTAL of Disbursements This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) A. Friends Of Roy Blunt		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address PO Box 10178		FEC Identification Number C00304758 Transaction ID : EA9BB48E44 Amount of Each Disbursement this Period 2500.00
City Columbia	State MO	Zip Code 65205
Purpose of Disbursement 2022 Primary Contribution		011 Category/ Type
Candidate Name Blunt, Roy, Dean, ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	

Full Name (Last, First, Middle Initial) B. George Holding For Congress Inc.		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address PO Box 97187		FEC Identification Number C00499236 Transaction ID : A02C857B494 Amount of Each Disbursement this Period 1500.00
City Raleigh	State NC	Zip Code 27624
Purpose of Disbursement 2018 General Contribution		011 Category/ Type
Candidate Name Holding, George, E., ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 02	

Full Name (Last, First, Middle Initial) C. Healthcare Freedom Fund		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address PO Box 2485		FEC Identification Number C00528414 Transaction ID : A43C95E66D Amount of Each Disbursement this Period 2500.00
City Springfield	State VA	Zip Code 22152
Purpose of Disbursement 2018 Contribution		011 Category/ Type
Candidate Name Healthcare Freedom Fund		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Heller For Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
2018 General Contribution

Candidate Name
Heller, Dean, Arthur, ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: NV District:

Date of Disbursement: 09 / 26 / 2018

FEC Identification Number: C00494229
Transaction ID : C901E329E11
Amount of Each Disbursement this Period: 1500.00

Memo Item

B. Hoyer For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 700 13Th Street NW Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2018 General Contribution

Candidate Name
Hoyer, Steny, Hamilton, ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼

State: MD District: 05

Date of Disbursement: 09 / 11 / 2018

FEC Identification Number: C00140715
Transaction ID : 6B3E1DD417I
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. IMPACT

Full Name (Last, First, Middle Initial)
Mailing Address 192 Lexington Ave. Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2018 Contribution

Candidate Name
IMPACT

Office Sought: House Senate President

Disbursement For: 2018
 Primary General Other (specify) ▼ Contribution

State: District:

Date of Disbursement: 09 / 26 / 2018

FEC Identification Number: C00348607
Transaction ID : 37A035464D1
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Johnson For Congress

Mailing Address PO Box 906

City
Marietta

State
OH

Zip Code
45750

Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Johnson, William, L., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2018

FEC Identification Number

C C00476820

Transaction ID : C494A422CC

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Judy Chu For Congress

Mailing Address 16633 Ventura Blvd # 1008

City
Encino

State
CA

Zip Code
91436

Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Chu, Judy, May, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 27

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00458125

Transaction ID : DBDFA90809

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kansans For Marshall

Mailing Address PO Box 1588

City
Great Bend

State
KS

Zip Code
67530

Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Marshall, Roger, W., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00576173

Transaction ID : 565D9050531

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Kind For Congress Committee

Full Name (Last, First, Middle Initial)
Mailing Address 205 5Th Avenue S
Room 411

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
2018 General Contribution

Candidate Name
Kind, Ronald, James, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: WI District: 03

Date of Disbursement: 09 / 26 / 2018

FEC Identification Number: C00312017
Transaction ID : 944ACE24B0
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

B. Kurt Schrader For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
2018 General Contribution

Candidate Name
Schrader, Kurt, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: OR District: 05

Date of Disbursement: 09 / 26 / 2018

FEC Identification Number: C00446906
Transaction ID : 65EF1639021'
Amount of Each Disbursement this Period: 1500.00

Category/Type: 011

Memo Item

C. Majority Committee PAC--Mc PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389-0134

Purpose of Disbursement
2018 Contribution

Candidate Name
Majority Committee PAC--Mc PAC

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼ Contribution

State: District:

Date of Disbursement: 09 / 11 / 2018

FEC Identification Number: C00428052
Transaction ID : 494548EE11:
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Mark Pocan For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement
2018 General Contribution

Candidate Name
Pocan, Mark, , ,

Office Sought: House Senate President
State: WI District: 02

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 09 / 26 / 2018

FEC Identification Number: C00502179
Transaction ID : 69106231152
Amount of Each Disbursement this Period: 1500.00

Memo Item

B. McNerney For Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 690371

City Stockton State CA Zip Code 95269

Purpose of Disbursement
2018 General Contribution

Candidate Name
McNerney, Gerald, , ,

Office Sought: House Senate President
State: CA District: 09

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 09 / 11 / 2018

FEC Identification Number: C00398644
Transaction ID : 934AEE656C
Amount of Each Disbursement this Period: 1500.00

Memo Item

C. Mike Kelly For Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement
2018 General Contribution

Candidate Name
Kelly, G. Mike, J., ,

Office Sought: House Senate President
State: PA District: 16

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: 09 / 11 / 2018

FEC Identification Number: C00474189
Transaction ID : A7D53E29B0
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Nancy Pelosi For Congress

Full Name (Last, First, Middle Initial)
Nancy Pelosi For Congress

Date of Disbursement: 09 / 26 / 2018

Mailing Address: 700 13Th Street, NW Suite 600
City: Washington State: DC Zip Code: 20005

Purpose of Disbursement: 2018 General Contribution
Candidate Name: Pelosi, Nancy, , ,
Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: CA District: 12

FEC Identification Number: C00213512
Transaction ID: 5B9D188497C
Amount of Each Disbursement this Period: 1000.00
 Memo Item

B. Pallone For Congress

Full Name (Last, First, Middle Initial)
Pallone For Congress

Date of Disbursement: 09 / 26 / 2018

Mailing Address: PO Box 3176
City: Long Branch State: NJ Zip Code: 07740

Purpose of Disbursement: 2018 General Contribution
Candidate Name: Pallone, Frank, , , Jr.
Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: NJ District: 06

FEC Identification Number: C00226928
Transaction ID: F511BCC033C
Amount of Each Disbursement this Period: 1500.00
 Memo Item

C. People For Ben

Full Name (Last, First, Middle Initial)
People For Ben

Date of Disbursement: 09 / 26 / 2018

Mailing Address: PO Box 31129
City: Santa Fe State: NM Zip Code: 87594

Purpose of Disbursement: 2018 General Contribution
Candidate Name: Lujan, Ben, Ray, ,
Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼

State: NM District: 03

FEC Identification Number: C00443689
Transaction ID: 9B862709C6
Amount of Each Disbursement this Period: 5000.00
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. People For Patty Murray

Mailing Address PO Box 3662

City: Seattle State: WA Zip Code: 98124

Purpose of Disbursement
2022 Primary Contribution

011
Category/
Type

Candidate Name
Murray, Patricia, Lynn, ,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C00257642

Transaction ID : 3C76684BBC
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City: Springfield State: MA Zip Code: 01108

Purpose of Disbursement
2018 General Contribution

011
Category/
Type

Candidate Name
Neal, Richard, Edmund, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C00226522

Transaction ID : 55C55557F86
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Roskam For Congress Committee

Mailing Address P. O. Box 713

City: Wheaton State: IL Zip Code: 60187

Purpose of Disbursement
2018 General Contribution

011
Category/
Type

Candidate Name
Roskam, Peter, James, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C00410969

Transaction ID : 1C68961B94I
Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial) A. Steve Cohen For Congress		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address 349 Kenilworth Place		FEC Identification Number C00422980 Transaction ID : 0A2C5255B3 Amount of Each Disbursement this Period 1500.00
City Memphis	State TN	Zip Code 38112
Purpose of Disbursement 2018 General Contribution		011 Category/ Type
Candidate Name Cohen, Stephen, I., ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 09	

Full Name (Last, First, Middle Initial) B. Steve Ferrara For Congress		Date of Disbursement MM / DD / YYYY 09 / 11 / 2018
Mailing Address PO Box 97130		FEC Identification Number C00640268 Transaction ID : EF2B065B61 Amount of Each Disbursement this Period 5000.00
City Phoenix	State AZ	Zip Code 85060
Purpose of Disbursement 2018 General Contribution		011 Category/ Type
Candidate Name Ferrara, Steve, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ	District: 09	

Full Name (Last, First, Middle Initial) C. Tammy Baldwin For Senate		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address Pobox 696		FEC Identification Number C00326801 Transaction ID : 766BA8292D Amount of Each Disbursement this Period 4000.00
City Madison	State WI	Zip Code 53701
Purpose of Disbursement 2018 General Contribution		011 Category/ Type
Candidate Name Baldwin, Tammy, S., ,		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶

10500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

Full Name (Last, First, Middle Initial)

A. Upton For All Of Us

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Upton, Frederick, Stephen, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00200584

Transaction ID : 802E2678B8F

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Welch For Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05401

Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Welch, Peter, Francis, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: VT District: 01

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00413179

Transaction ID : 44726109B8F

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Wenstrup For Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209-0551

Purpose of Disbursement
2018 General Contribution

011

Category/
Type

Candidate Name

Wenstrup, Brad, R., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number

C C00497818

Transaction ID : FC1BAB777F

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American College of Surgeons Professional Association PAC

A. Yoder For Congress, Inc

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225-6742

Purpose of Disbursement
2018 General Contribution

Candidate Name
Yoder, Kevin, Wayne, ,

Office Sought: House Senate President
State: KS District: 03

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
09 / 26 / 2018

FEC Identification Number
C C00472365
Transaction ID : 3599F936E4C

Amount of Each Disbursement this Period
1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	106000.00